## Summary of Benefits Report for Vermont, Medicaid InsureKidsNow.gov

<b>Preventive Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	PA reguired for more frequent treatment.	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	PA required for more frequent treatment.	
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	PA required for more frequent treatment. Deciduous anterior teeth are not covered.	
Space maintainers	Yes	1 x every 2 years	PA required for more frequent treatment.	
<b>Diagnostic Service</b>	s		_	
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x 6 months	For under age 3; 1 per 3 years for age 3 and older.	
Dental examinations	Yes	1 x every 3 years	PA required for more frequent treatment.	6 months of eruption of 1st tooth.
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x 6 months	PA required for more frequent treatment.	
Full Mouth	Yes	1 x 6 months	PA required for more frequent treatment.	
Panoramic	Yes	1 x 6 months	PA required for more frequent treatment.	
<b>Treatment Services</b>	S			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		2 per lifetime per tooth. Applications must be at least 14 days apart. PA required for more frequent treatment.	
Fillings				
Silver amalgam	Yes		1 identical restoration per tooth per year. PA required for more frequent treatment.	
Tooth colored composite	Yes		1 identical restoration per tooth per year. PA required for more frequent treatment.	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 per tooth every 2 years. PA required for more frequent treatment.	
Metal (only) crowns	Yes		Crowns are limited to 1 per tooth every 5 years. PA required for more frequent treatment.	

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Metal/porcelain crowns	Yes		Crowns are limited to 1 per tooth every 5 years. PA required for more frequent treatment.			
Porcelain (only) crowns	Yes		Crowns are limited to 1 per tooth every 5 years. PA required for more frequent treatment.			
Root Canals (endodo	ntics)					
Root canals on baby teeth (pulpotomies)	Yes		1 per tooth per lifetime.			
Root canals on permanent teeth	Yes		1 per tooth per lifetime.			
Gum (periodontal) therapy	Yes		Limited to 4 procedures per patient per lifetime.			
Dentures	T T					
Partial dentures	Yes - only with prior authorization		1 denture per Arch every 5 years.			
Complete dentures	Yes - only with prior authorization		1 denture per Arch every 5 years.			
Bridges	Yes		One per tooth per 5 years.			
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization		see criteria for braces coverage			
Braces	Yes - only with prior authorization			Need to meet 1 major criteria and 2 minor diagostic criteria. Major criteria are: cleft palate, 2 impacted cuspids, posterior crossbite of 3 or more teeth, or severe cranio-facial syndrome (treacher-Collins syndrome, Marfan syndrome, Pierre Robin syndrome, etc). Minor criteria are: 1 impacted cuspids, 3 congenital missing teeth, open bite of 4 or more teeth, crowding, anterior cross bite of 3 or more teeth, traumatic deep bite impinging on palate, or overjet of 8mm.		
Oral surgery	,, I		1			
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					

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Treatment Services					
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage	
Cleft palate treatment	Yes		Covered under medical		
Cancer treatment	Yes				
Treatment of fractures	Yes		Covered under medical		
Biopsies	Yes				
Treatment of jaw joint problems (TMJ)	Yes		For occlusal orthotic appliances only. There is sugical coverage under medical services.		
Emergency room services provided by a dentist	Yes		Services provided in an emergency room would be reimbursed.		
Inpatient Hospital Services	Yes				
Anesthesia					
General anesthesia	Yes				
Intravenous conscious sedation	Yes				
Non-intravenous conscious sedation	Yes				
Analgesia (nitrous oxide)	Yes				

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<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).